YOUTH BASEBALL CLINIC

PARENT / LEGAL GUARDIAN CONSENT, ASSUMPTION OF RISK & WAIVER

Clinic / Organization: _____

Clinic Date(s): _____ _____

Participant (Child) Full Name: _____

Date of Birth: _____ _____

Parent / Legal Guardian Name: _____

Phone: _____ _____

Emergency Contact (if different): _____ _____ _____

1. Permission to Participate

I am the parent or legal guardian of the minor named above. I give permission for my child to participate in the youth baseball clinic, including instruction, warm-ups, drills, throwing, catching, batting, running, and related activities.

2. Acknowledgment and Assumption of Risk

I understand that baseball activities involve inherent risks, including being struck by a ball or bat, collisions, falls, overexertion, weather exposure, and other injuries that may be serious. I have considered these risks and voluntarily permit my child to participate. I will inform clinic staff of any relevant limitations or safety concerns.

3. Release of Liability

To the fullest extent permitted by applicable law, on behalf of myself and my child, I release the clinic organizer, host facility, and their respective employees, coaches, volunteers, and agents from claims arising from the ordinary negligence of those parties in connection with clinic participation. This release does not apply to gross negligence, reckless or intentional misconduct, or any claim that cannot lawfully be waived. I understand that enforceability of a minor-participant waiver varies by jurisdiction.

4. Medical Information and Emergency Care

I authorize clinic personnel to seek emergency medical assistance for my child if I cannot be reached promptly. I understand that I am responsible for medical costs to the extent permitted by law. This authorization does not replace medical judgment or guarantee treatment.

Allergies, medical conditions, medications, or activity restrictions (or write "None"):

5. Conduct and Safety

My child will be expected to follow coach instructions and safety rules. I understand that staff may remove a participant from an activity when necessary for safety or conduct.

6. Optional Photo / Video Permission

Please select one: [ ] YE I permit clinic photos/videos of my child to be used for clinic or team promotion. [O.

7. Parent / Guardian Acknowledgment

I have read this document, understand its terms, and sign voluntarily. I confirm that I have legal authority to sign for the participant.

Parent / Guardian Signature: _____ _____

Printed Name: _____

Organizer note: This is a general template, not legal advice. Have local counsel review before use, especially the minor release, medical authorization, and any required state/provincial language.